

FMLA LEAVE REQUEST FORM

This form is to be completed by employee and/or supervisor, and submitted to the Payroll Financial Technician in the SCO's Administration Department.

Employee _____ PCN _____ Class Title _____

Department/Unit/Section _____ Date of Hire _____

Supervisor _____ Date notified by employee _____

REASON FOR LEAVE

☐ Adoption of child ☐ Placement of foster child ☐ Birth of child ☐ Serious health condition of employee ☐ Serious health condition of employees spouse, child or parent

Provide description/details as appropriate: _____

TYPE OF LEAVE REQUESTED

☐ Continuous ☐ Intermittent ☐ Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA? ☐ Yes ☐ No If so, which do you wish to use? ☐ Sick ☐ Vacation

Explanation of length and type of leave requested: _____

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative

Date

Supervisor's Signature

Date

Received by:

Signature of HR contact

Date